

## Send Correspondence To:

John M. Harrison  
2139 E. Bert Kouns  
Shreveport, LA. 71105

Direct Telephone Calls To:  
(Name and Telephone Number)

318/797-3062

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Full name of sole or first inventor Thurman B. Hicks  
Inventor's signature Thurman B. Hicks  
Date 10-28-03 Country of Citizenship U.S.A.  
Residence 12166 Black Water Rd. Baker, Louisiana 70714  
Post Office Address 12166 Black Water Rd.  
Baker, Louisiana 70714

Full name of second joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH  
FORM A PART OF THIS DECLARATION

\_\_\_\_ Signature for third and subsequent joint inventors. Number of pages added \_\_\_\_  
\_\_\_\_ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added \_\_\_\_  
\_\_\_\_ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added \_\_\_\_  
\_\_\_\_ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. \_\_\_\_ Number of pages added \_\_\_\_  
\_\_\_\_ Authorization of attorney(s) to accept and follow instructions from representative.

**FACSIMILE TRANSMISSION SHEET**

**DATE:** 9-6-05

**TO:** John B. Walsh-Examiner

**COMPANY NAME:** U.S. Patent and Trademark Office

**FACSIMILE TELEPHONE NO:** 571-273-7063

**FROM:** John M. Harrison

**TELEPHONE NUMBER:** 318/797-3062

**FACSIMILE TELEPHONE NO:** 318/797-3063

**PAGES TO FOLLOW:** 1

Per our telephone conversation this morning and per your request, please find the attached information. If you need anything else, please give me a call.

Thanks-  
John Harrison

**IMPORTANT/CONFIDENTIAL:** This transmission from the law firm of John M. Harrison is intended only for use of the addressees shown. It contains information that may be privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient of this transmission, you are hereby notified that the copying, use, or distribution of any information or materials transmitted herewith is strictly prohibited. If you have received this facsimile by mistake, please immediately call us collect at 318/797-3062. We will be happy to arrange for its return to us via regular U.S. Mail at no cost to you.